

## Special Education Student's Summary of Skills

Name \_\_\_\_\_ Grade \_\_\_\_ Room \_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ % of Special Education Time \_\_\_\_\_

\_\_\_\_\_ **Goal Area: Reading:**

Comprehension Skills \_\_\_\_\_

Sight Vocabulary \_\_\_\_\_

Fluency Rate \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_ **Goal Area: Written Language:**

Spelling Skills \_\_\_\_\_

Writing Skills \_\_\_\_\_

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ **Goal Area: Math:**

Math Reasoning Skills \_\_\_\_\_

Computational Skills \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_ **Goal Area: Study Skills:**

Classroom Skills \_\_\_\_\_

Organizational Skills \_\_\_\_\_

Homework Skills \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_ **Goal Area: Behavior:**

Issues \_\_\_\_\_

\_\_\_\_\_ Behavior Intervention Plan (see attached) \_\_\_\_\_

\_\_\_\_\_ **Additional Support Services**

\_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_ **Accommodations/Assistive Devices (see attached)**

\_\_\_\_\_ **Other Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Advocate Teacher \_\_\_\_\_ Room # \_\_\_\_\_